

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13159

State File No.

FILED APR 21 1953

BIRTH NO.		REG. DIST. NO. <u>4</u>		PRIMARY REG. DIST. NO. <u>4014</u> Registrar's No. <u>35</u>	
1. PLACE OF DEATH a. COUNTY <u>Atchison</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>Missouri</u> b. COUNTY <u>Atchison</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Fairfax</u>		c. LENGTH OF STAY (In this place) <u>57</u> <u>da.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rock Port.</u> <u>0030</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Fairfax Com. Hosp.</u>				d. STREET ADDRESS (If rural, give location) <u>none</u> <u>0</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Herman</u>		b. (Middle) <u>Wells</u>		c. (Last) <u>Greenley</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>4</u> <u>12</u> <u>1953</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>3/22/1879</u>		9. AGE (In years last birthday) <u>74</u> If UNDER 1 YEAR Months <u>0</u> If UNDER 1 YEAR Days <u>30</u> Hours <u>0</u> Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Merchant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Grocery</u>		11. BIRTHPLACE (State or foreign country) <u>Mt. Pleasant, Iowa.</u> <u>/</u>	
12. CITIZEN OF WHAT COUNTRY? <u>US</u>		13a. FATHER'S NAME <u>Fred Greenley</u>		13b. MOTHER'S MAIDEN NAME <u>Amelia Waite</u>	
14. NAME OF HUSBAND OR WIFE <u>Nannie Christian</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Ms Nannie Greenley</u>		18. ADDRESS <u>Rock port</u>		19. MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH <u>Acute Anterior Coronary Thrombosis 7 days</u> <u>Arteriosclerosis</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Acute Anterior Coronary Thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		19a. DATE OF OPERATION <u>4-20-1</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>none</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>none</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Rock Port Mo.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>4-12-1953</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>none</u>	
22. I hereby certify that I attended the deceased from <u>4-5-1953</u> , to <u>4-12-1953</u> , that I last saw the deceased alive on <u>4-12-1953</u> , and that death occurred at <u>6:10 P.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>Wallace Carpenter M.D.</u>		23b. ADDRESS <u>Rock Port Mo.</u>		23c. DATE SIGNED <u>4-13-53</u>	
24a. BURYAL, CREMATION, REMOVAL (Specify) <u>Buryal</u>		24b. DATE <u>4/15/1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Greenhill Cem.</u>	
24d. LOCATION (City, town, or county) (State) <u>Rock Port. Mo.,</u>		24e. DATE REC'D BY LOCAL REG. <u>4/16/53</u>		24f. REGISTRAR'S SIGNATURE <u>Marvin H. Schofield</u> <u>Mabel A. Schofield</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Bartholomew Mortuary, Rockport.</u>		25. ADDRESS <u>Rockport.</u>		25. (Licensed Embalmer's Statement on Reverse Side)	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

AUG 2 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____
_____, Student Embalmer No. _____,
working under my personal supervision.

Signed _____
Student Embalmer

Signed _____

Licensed Embalmer No. 3173

P. O. Address Rock Port. Mo.,

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.